

# **Maine Suicide Prevention Plan 2012-2017**

## **Executive Summary**

Suicide has been widely recognized as a public health problem requiring national attention and urgent action nationwide. Every 14 minutes, someone dies by suicide in the United States. In 2011, 204 Maine citizens, 4 each week, died by suicide. In 2001, acknowledging the devastating impact and costs of suicide, the U.S. Surgeon General issued the first National Strategy for Suicide Prevention. The National Strategy emphasized that suicide is a major public health problem, which can only be reduced through integrated efforts by all sectors of society. Many of the risk and protective factors for suicidal behavior are known, and the evidence for effective suicide prevention programs is growing. In 2012, a revised National Strategy was issued to build upon a decade of accomplishments and incorporate recent advances in suicide prevention.

Maine has historically been at the forefront of the development, implementation and evaluation of youth suicide prevention programs and has achieved demonstrable success. Since program inception, the percent of students reporting suicide ideation or attempts on the school-based Youth Risk Behavior Survey (YRBS) has significantly declined and the rate of suicide among 10 to 19 year olds decreased by 7 percent from 2001-2005 to 2006-2010. The Maine Suicide Prevention Program (MSPP) is a multi-agency effort led by the Maine CDC's Injury Prevention Program in the Department of Health and Human Services (DHHS). In addition to the DHHS, state agency partners include the Departments of Education, Labor, Corrections and Public Safety.

In 2009, the Maine Youth Suicide Prevention Program began the process of updating Maine's Youth Suicide Prevention Plan and also to initiate the development of a draft Plan for the Prevention of Suicide Among Adults in Maine that was completed in 2011. The adult plan represented the first time that Maine moved beyond its historic focus on youth suicide prevention. The purpose of this 2012-2017 Strategic Plan is to guide Maine's suicide prevention efforts across the lifespan. The implementation of this plan requires the engaged efforts of new stakeholders and partners to integrate suicide prevention best practices within their settings and initiatives.

### **Suicide and Self-Inflicted Injuries in Maine**

Suicide takes nearly 37,000 lives each year in the United States and 1 million lives worldwide. Suicide rates have been increasing in the U.S. and Maine since 2007. In Maine, suicide is the 10<sup>th</sup> leading cause of death and the leading cause of violent death, killing almost seven times as many Maine citizens each year as homicide. From 2006-2010, 913 Maine residents died by suicide, an average of 183 annually. This represents an increase of 11 percent from the previous 5 years. Preliminary data for 2011 reveal a continued increase with 204 suicides. Suicide is the second leading cause of death for youth and adults ages 15-34.

Males die by suicide at much higher rates than females, 80 percent of suicides are male. For many years, the highest suicide rate has been among white males ages 85 and older. The overall number of suicide deaths and the associated rate of suicide have both increased in adults of working age since 2007. During 2006-2010, the highest rate of suicide was among adults ages 50-54 with the most notable increase among middle aged white males. Comparing the time period of 2001-05 to 2006-10, the rate of suicide in males ages 40-44, 45-49 and 50-54 increased by 40 percent, 35 percent and 65 percent respectively. The rate of suicide among females has also been rising in Maine and in the nation. Females attempt suicide at higher rates.

Many Maine families, schools and communities have been torn by the tragedy of a suicide involving someone they care about. Suicide occurs in all socio-economic groups and at all educational levels. Firearms are the most common method used to complete suicide and the method most commonly used by males. Hanging and poisoning are the second and third leading suicide methods respectively. Poisoning the most common method used in female suicides.

Suicide attempts significantly outnumber deaths. On average, from 2005-2009, the most recent years for which data are available, there were 2,136 emergency department visits and 1,116 hospital discharges for self-inflicted injury annually. Young people attempt suicide at much higher rates than adults; young females experience the highest rates of hospitalization for self-inflicted injuries. It is estimated that there are as many as 100 youth suicide attempts for every youth suicide and most of these attempts do not result in medical intervention.

## **Suicide Prevention**

The evidence base for suicide prevention has grown in the decade since the first National Strategy for Suicide Prevention. Several strategies have strong evidence of effectiveness from more than one study.<sup>1</sup> These strategies include: screening and treatment for depression in primary care practices and emergency departments, community based education strategies, comprehensive school-based programming, and restriction of highly lethal methods of suicide.

Suicide prevention at the individual and group level relies on an understanding of the risk and protective factors in a person's life. There is no exact combination of risk factors and triggering events that predict an individual's suicide risk. As the research continues to develop, it is becoming clear that some risk factors for suicide are more prevalent than others. Because so many people are potentially at risk, effective prevention strategies must employ a public health approach addressing the entire population.

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<sup>1</sup> Beautrais A, Fergusson D, Coggan C, et al. (2007). Effective strategies for suicide prevention in New Zealand: a review of the evidence. *New Zealand Medical Journal*, 120(1251), 1-13; Mann JJ, Apter A, Bertolote J, et al. (2005). Suicide prevention strategies: a systematic review. *Journal of the American Medical Association (JAMA)*, 294(16), 2064-74; Isaac M, Elias B, Katz LY, et al. (2009). Gatekeeper training as a preventative intervention for suicide: a systematic review. *Canadian Journal of Psychiatry*, 54(4), 260-268.

## **Maine Suicide Prevention Program Plan**

The purpose of the 2012-2017 MSPP Strategic Plan is to guide efforts statewide to prevent suicide across the lifespan. The plan is the result of a collaborative effort of the Maine Suicide Prevention Program (MSPP), the MSPP Advisory Council and many engaged stakeholders who provided input into development of the plan. The plan is intended to be used by state and local agencies, decision-makers, health care providers, service organizations, educators, planners, employers, community members and others interested in preventing suicide in their communities and in their lives. Ultimately, the purpose is to prevent the tragedy of suicide from impacting Maine families, schools and communities and, over time, to save thousands of lives and millions of dollars.

The long-term goal of the MSPP is: To reduce the incidence of fatal and non-fatal suicidal behavior among Maine citizens across the lifespan. The MSPP Plan contains five overarching goals that reflect an integration of goals identified in the Maine Youth Suicide Prevention Program Plan and the draft Adult Suicide Prevention Plan. The goals utilize a public health approach to address the lifespan problem of suicide. New opportunities identified in this plan target primary care settings and engage a widening circle of partners that are fundamental to this effort. The commitment to youth suicide prevention, working with schools and colleges, continues.

### **Maine Suicide Prevention Strategic Plan 2012-2017 Goals:**

*Because suicide takes a life in Maine every two days...*

**GOAL 1:** Statewide leadership and coordination guides suicide prevention among Maine people.

*Because people need access to comprehensive health care...*

**GOAL 2:** Maine's people can access suicide prevention and intervention services in health care settings across the state.

*Because preventing suicide is up to all of us...*

**GOAL 3:** Maine's people are protected through integration of effective suicide prevention efforts within public and private organizations statewide.

*Because people need to know how to help prevent suicide...*

**GOAL 4:** Professionals working with Maine people are knowledgeable in suicide prevention, intervention and postvention.

*Because seeking help saves lives...*

**GOAL 5:** A culture of help-seeking for people in need exists in Maine.

# **Maine Suicide Prevention Plan 2012-2017**

## **Guidelines for suicide prevention initiatives in Maine**

- Suicide affects Maine people of all ages, ethnicity, gender, and economic status, and must be addressed across the life span.
- Silence about suicide, mental illness, and substance abuse reinforces stigma and shame. Breaking silence supports people to seek help.
- In every prevention and intervention activity, the most important standard is DO NO HARM. Staff, whether volunteer or paid, are appropriately trained and use appropriate standards of practice.
- All suicide prevention activities are culturally competent and age appropriate.
- Lifespan suicide prevention activities are built upon a foundation of existing partnerships between state agencies, regional and local organizations and citizen groups.
- Efforts are strengthened and meaningful collaborations formed, so that activities are implemented through existing networks at local, regional, and state levels.
- Expectations for change are realistic. State and local leaders are encouraged to implement activities that match available resources and infrastructure.
- Research indicates that suicide prevention activities must be sustained over time to derive the benefits; the plan recommends strong state leadership and partnerships with local government and community organizations.
- The plan builds on Maine Youth Suicide Prevention Program experience, knowledge, resources, and partnerships, especially its connections within the Maine Center for Disease Control and the Department of Health and Human Services and the long-standing connection to the Maine school community.
- Resources are maximized by integrating suicide prevention activities into state and local programs and organizations dedicated to improving the health of Maine's people. In a time of shrinking federal and state budgets, activation of local and regional organizations and partnerships will bring the flexibility and creativity needed to implement suicide prevention to vulnerable people across the state and throughout the lifespan.

- Coordinated efforts are essential to leverage additional resources from all appropriate public and private sources.
- People in groups at heightened risk for suicide are identified and prevention activities are prioritized to effect change in these groups.
- Suicide prevention programs and activities adhere to available evidence-based or promising practices where they are available for the target population and setting. Priority is given to activities with the greatest evidence of success. They include but are not limited to:
  - Integration of suicide prevention into primary health care practice and Emergency Department settings,
  - Gatekeeper-style programs with an evidence base of success with the target group,
  - Awareness training
  - *Lifelines*
  - Workplace suicide prevention protocols
  - Suicide hotlines and mobile crisis response and follow-up,
  - Follow-up activities after contact with persons contemplating suicide,
  - Reduction of access to lethal means
- A statistically significant reduction in suicide rates takes a number of years to achieve. Interim benchmarks are identified for each strategy where appropriate.

## Lead Agencies, Implementing Organization and Statewide Partners

Suicide prevention is up to all of us and many diverse partners are needed.

Implementation and support of a comprehensive lifespan suicide prevention plan requires the involvement of a significant number of primary and supporting partners to ensure success. Leadership is needed at the state, regional and local levels. Implementation requires partnership between governmental and private organizations involved in planning, regulating, funding and supporting efforts that impact the way we live our lives.

The public meetings held to review the draft plan provided clear feedback that a central coordinating body has been essential to the success of suicide prevention efforts in Maine over the past 12 years. The Suicide Prevention Coordinator has been housed in the Maine Injury Prevention Program (MIPP) of the Maine Center for Disease Control and Prevention (Maine CDC) since inception of the program. The role of the Suicide Prevention Coordinator encompasses leadership, keeping the momentum going, planning and guiding suicide prevention efforts across partnering organizations, monitoring the nature and extent of the problem, providing content expertise and knowledge of national evidence-based practice models, limiting duplication of efforts and providing assistance in implementation and evaluation.

From stakeholder meeting

*“In order for the plan to be effective there needs to be partnerships with other agencies. You gain power by partnering.”*

From stakeholder meeting

Public-private partnerships play an essential role of carrying out the elements of a statewide suicide prevention plan. Much of the actual work of addressing the needs of individuals at increased risk for suicide occurs at the local level through a myriad of the local partners that form an essential safety net across Maine. A list of State Agencies and Partner Organizations involved in implementing suicide prevention programming is in Appendix 4. This list is not comprehensive, but reflects a range of organizations and people who are, or have been, involved in suicide prevention efforts in Maine or who have been recommended to become involved.

# Goals, Objectives and Activities to Prevent Suicide in Maine

The work of the Maine Suicide Prevention Program is founded on the shared belief that many suicides can be prevented. Most suicidal behaviors occur during a time of crisis in an individual's life; when personal coping ability is overwhelmed, the person feels hopeless, and sees few or no alternative ways to solve the crisis. Many of these crises are short-lived, and resolution of the crisis can lead to improved mood and safety. Information, support and appropriate intervention can avert many suicides and recovery from the physical and emotional pain can allow a person to move forward with their life. Suicide prevention is based on the belief that people can recover from mental illness and substance abuse and live productive lives.

## Maine's Suicide Prevention Strategic Plan 2012-2017

**\* NOTE:** S refers to **State Level** and reflects a need for state level oversight, leadership or programming;  
C refers to **Community Level** for those activities that would take place at the local level.

*Because suicide takes a life in Maine every two days...*

### **Goal 1: Statewide leadership and coordination guides suicide prevention among Maine people.**

*A coordinating and overseeing infrastructure of state and local organizations is necessary to maximize use of available human, programmatic and monetary resources, to increase knowledge of effective suicide prevention and to integrate suicide prevention into existing programs and services. The most effective coordination requires leadership and a centralized body of expertise to act as a clearinghouse of information and training and to provide support and assistance to regional and local and initiatives.*

*Local residents know their regions and the people and regional stressors on their lives. Implementation must occur on a local level in order to reach those most in need.*

*"Without a centralized program, who implements the plan?"*

From public stakeholder meeting

### **Objective 1: Increase coordination, collaboration and leadership at the state and community levels to support suicide prevention activities.**

**Activity 1:** Support a statewide Suicide Prevention Program Coordinator position to inform and guide the implementation of suicide prevention program activities in Maine. (S & C)

**Activity 2:** Form sustainable state and local partnerships to lead the advancement of suicide prevention across the lifespan in Maine. (S & C)

**Activity 3:** Maintain the commitment of state and partner organizations to integrate suicide prevention efforts. (S & C)

**Activity 4:** Develop and maintain a listing of state and local community suicide prevention stakeholders and activities to enhance coordination and communication. (S)

**Activity 5:** Collaborate with national, regional and other state suicide prevention programs. (S)

**Objective 2: Strengthen the Maine Suicide Prevention Program Advisory Council to broaden representation from diverse stakeholders and enhance leadership capacity at the state, regional and local levels.**

**Activity 1:** Identify and seek commitments from stakeholder groups representing constituents across the lifespan to be represented on the Advisory Council. (S)

**Activity 2:** Build connections to Public Health District Coordinating Councils and other regional entities in order to enhance suicide prevention initiatives regionally across the state. (S & C)

**Activity 3:** Enhance connection to and representation from Maine's Tribal Communities. (S)

**Activity 4:** Identify leadership for the Advisory Council among community members with expertise and interest in suicide prevention. (S & C)

**Objective 3: Maintain capacity to provide data and informational resources to stakeholders and Maine citizens.**

**Activity 1:** Implement a Maine Violent Death Reporting System to systematically collect suicide and violent death data. (S)

**Activity 2:** Ensure that suicide and self-injury questions are included on surveys administered to Maine people across the lifespan. (S)

**Activity 3:** Collect, analyze and disseminate death certificate, hospital discharge, emergency department and other relevant data on suicide and violence in Maine. (S)

**Activity 4:** Gather and distribute information on evidence based suicide prevention programs and interventions to Maine partners and stakeholders. (S)



**Activity 5:** Use data to develop educational materials to inform Maine citizens and stakeholders about suicide risks across the lifespan. (S)

**Activity 6:** Provide resource materials for the public and professionals through a state level resource center and website with links to evidence-based resources. (S)

**Activity 7:** Produce and disseminate an annual report on suicide and violence in Maine. (S)

**Objective 4: Identify and seek support for the implementation of effective suicide prevention programming in Maine.**

**Activity 1:** Identify funding opportunities to prevent suicide across the lifespan and disseminate information to partners. (S & C)

**Activity 2:** Seek funding to support state and local level implementation of evidence-informed suicide prevention programs and services. (S & C)

**Activity 3:** Build upon collaborations among public and private sectors when seeking funding. (S & C)

**Activity 4:** Provide training and assistance to enhance effective implementation of evidence-informed for suicide prevention programs and services. (S & C)

***Because people need access to comprehensive health care...***

**Goal 2: Maine's people can access suicide prevention and intervention services in health care settings across the state.**

*Research shows that people, including those at high risk for suicide, more frequently visit their primary care providers or hospital emergency departments, rather than mental health care providers, when they are thinking about suicide and during times of crises. The ongoing stigma associated with mental illness and suicide creates a barrier to people getting the help they need from a mental health provider.*

*Intervention – screening, assessment, treatment, and referral – through primary care and emergency department practices has the potential for identifying and assisting the greatest number of people across the lifespan who have attempted or are contemplating suicide. To prevent suicide, people need to be able to access the care they require. Integration of physical health and behavioral health services at the practice level, and coordination of referrals and services with existing mental health resources in communities is vital to this effort.*

*“The goal for this particular area should be that there is no wrong door to access services.”*  
From stakeholder meeting

**Objective 1: Increase the number of Primary Care Practices that implement evidence-based suicide prevention interventions as a standard model of care.**

**Activity 1:** Educate primary care practitioners on the efficacy of and methodology for integrated suicide screening, assessment, treatment and referral. (S & C)

**Activity 2:** Partner with the Maine Primary Care Association and other Primary Care organizations to integrate suicide prevention screening, assessment, and treatment within behavioral health care in Maine's Federally Qualified Health Centers. (S & C)

**Activity 3:** Partner with the Maine Assembly on School-based Health Care to ensure that evidence-based standardized suicide screening and intervention programs are used in all School-based Health Centers. (S & C)

**Activity 4:** Seek additional partners to bring behavioral health integration and evidence-based suicide prevention practices into health care practices for all ages across Maine. (S & C)

**Objective 2: Increase the number of health care settings that routinely screen for depression and assess for risk of suicide using evidence-based, standardized instruments**

**Activity 1:** Partner with primary care offices and School-based Health Centers to implement evidence-based screening (eg. Patient Health Questionnaire depression screen such as PHQ-9) and treatment protocols for patients with depression. (S & C)

**Activity 2:** Partner with the Maine Hospital Association and the Maine Crisis Network to implement uniform suicide risk screening and referral protocols in hospital emergency departments (S & C).

**Activity 3:** Partner with the Maine Crisis Network to implement uniform screening and referral protocols in diverse health care settings for people at risk of suicide and seen for a risk assessment. (S & C)

**Activity 4:** Partner with Maine's Mental Health Crisis Providers to develop and adopt a uniform set of protocols to inform suicide risk assessment, intervention, follow-up and postvention with Maine's people at risk for suicide. (S & C)

**Activity 5:** Engage relevant stakeholder agencies and review and disseminate research to develop appropriate screening and assessment instruments for use in diverse settings across Maine. (S & C)

**Objective 3: Increase the number of health care settings that implement the use of standard practices to monitor and follow-up with individuals screened as at risk for suicide and referred on to outpatient support.**

**Activity 1:** Develop and implement discharge planning guidelines for health care settings that include the use of written follow-up plans for individuals at risk for suicide. (S & C)

**Activity 2:** Develop materials and procedures to ensure that at risk clients, who receive a written, individualized follow-up plan from the assessing provider, receive the recommended follow-up care. (S & C)

***Because preventing suicide is up to all of us...***

**Goal 3: Maine's people are protected through integration of effective suicide prevention efforts within public and private organizations statewide.**

*Effective programs and practices that can help reduce the incidence of suicide among Maine people must be implemented at the state, regional and local levels. State leadership is necessary to guide the implementation of promising and evidence-informed programs for various settings and for use with people across the lifespan. Successful suicide prevention requires partnerships with the diverse local and regional groups and organizations that come into contact with people most at risk.*

**Objective 1: Increase the number of public and private organizations statewide that implement effective suicide prevention programs and practices within their organizations.**

**Activity 1:** Identify and reach out to key public and private organizations for integration of evidence-based or promising suicide prevention strategies. (S & C)

**Activity2:** Promote the integration of evidence-based suicide prevention programming for organizations in Maine including, schools, colleges, correctional centers, employers, community groups and other community-based organizations. (S & C)

**Activity 3:** Seek funding to support the integration of promising and evidence-based suicide prevention programs and to evaluate the impact of these programs. (S)

**Activity 4:** Disseminate data and information on training/education opportunities and links to evidence-based resources that support integration of suicide prevention strategies into state agencies, state-contracted organizations and local programs and organizations. (S & C)

**Objective 2: Increase the number of direct service organizations that are prepared to identify and intervene with individuals, across the lifespan, who are at risk for suicide.**

**Activity 1:** Provide guidance and assistance to organizations to develop and implement suicide prevention and intervention protocols to best serve the population. (S & C)

**Activity 2:** Provide guidance and assistance to agencies that provide suicide screening, assessment and referral resources for at risk individuals. (S & C)

**Activity 3:** Promote wide awareness and use of the Statewide Maine Crisis Hotline (1-888-568-1112) and the National Suicide Prevention Lifeline (1-800-273-8255) as a means of accessing assistance and support for individuals at heightened risk of suicide. (S & C)

**Activity 4:** Provide guidance and assistance to ensure that all Maine correctional facilities follow the National Commission on Correctional HealthCare standards for suicide prevention. (S)

**Activity 5:** Provide guidance and assistance to ensure that community corrections programs use standardized suicide assessment and treatment protocols and develop working relationships with mental health crisis, substance abuse and other community referral agencies. (S & C)

**Activity 6:** Interface and collaborate with veteran and active military organizations to ensure that their personnel are prepared to address the increased risk of suicide present in veterans and active military personnel. (S & C)

**Activity 7:** Provide information and assistance to DHHS Child and Family Services and other appropriate organizations to ensure that youth in foster care, transitioning out of foster care or those in other high-risk settings are supported in maintaining safety and stability. (S)

**Activity 8:** Provide information, resources and best-practice interventions to organizations serving, supporting and representing GLTBQ youth and adults. (S & C)

**Activity 9:** Develop, modify and disseminate screening tools and response protocols for at-risk groups for integration within community programs and services. (S & C)

**Activity 10:** Provide information and assistance to state licensing agencies to develop regulations requiring suicide prevention standards for facilities caring for populations at risk for suicide. (S)

**Objective 3: Increase the number of employers that integrate effective suicide prevention programs within their organizations.**

**Activity 1:** Disseminate model suicide prevention and intervention protocol guidelines to Maine employers, prioritizing those who hire individuals from vulnerable populations. (S & C)

**Activity 2:** Provide assistance to employers that integrate suicide prevention, intervention and postvention protocols within their organizations and their Employee Assistance Programs. (S & C)

**Activity 3:** Provide assistance to employers for educating employees about suicide prevention and establishing intervention programs. (S & C)

**Objective 4: Increase the number of schools (elementary through post-secondary) that implement evidence-based or promising suicide prevention programming.**

**Activity 1:** Support schools to implement comprehensive, evidence-informed suicide prevention programming such as the *Lifelines* model. (S & C)

**Activity 2:** Promote the adoption of suicide prevention expectations into the job descriptions of all school-based clinical and behavioral health staff. (C)

**Activity 3:** Support schools to maintain and update Comprehensive School Health Education (CSHE) curricula K-12 to include mental health key concepts. (S & C)

**Activity 4:** Support schools to implement best practice and promising programs designed to improve outcomes for all students including improvements to school climate and bullying prevention. (S & C)

**Activity 5:** Disseminate resources that promote health during periods of significant student transitions such as moving schools, graduating high school, taking a new job, etc. (S & C)

**Objective 5: Improve access to and community linkages among schools, mental health, substance abuse, correctional services and suicide prevention services statewide.**

**Activity 1:** Promote the development and functioning of “provider referral networks” in Maine’s Public Health districts, college and school communities, tribes and other settings. (S & C)

**Activity 2:** Provide support to service providers, schools, employers and other programs to follow evidence-based guidance for referral and routine follow-up with people who are known to have attempted suicide or expressed suicidal ideation. (S & C)

**Objective 6: Increase the number of faith-based organizations adopting policies and programs promoting suicide prevention and effective intervention/postvention.**

**Activity 1:** Develop/disseminate appropriate suicide prevention/intervention education and resource material for clergy and faith-based community use. (S & C)

**Activity 2:** Provide assistance to places of worship and existing coalitions of faith-based organizations to integrate suicide prevention efforts into their work. (S & C)

**Objective 7: Increase the number of survivors of suicide who receive support and acceptance during their grief and who participate in suicide prevention efforts statewide.**

**Activity 1:** Provide professional organizations with information on suicide survivor needs and support resources; include this information in all MSPP training programs. (S)

**Activity 2:** Convene, train and support a volunteer Suicide Survivor Speakers Bureau to help increase awareness of the impact of suicide and to spread effective suicide prevention messages. (S & C)

**Activity 3:** Promote access to suicide survivor support and grief support groups across the state. (S & C)

**Activity 4:** Provide Funeral Directors with access to resources to support newly bereaved suicide survivors. (C)

***Because people need to know how to help prevent suicide...***

**Goal 4: Professionals working with Maine people are knowledgeable in suicide prevention, intervention and postvention.**

*An effective way to identify and assist those who are actively suicidal or at increased risk for suicide is through the actions of a knowledgeable professional community. An adequately trained and alert professional health, public health, behavioral health, public safety, education, labor, and corrections workforce is vital in the effort to identify and intervene with those at risk for suicide. Training and education programs are a cornerstone of suicide prevention programs. Access to up-to-date education and training and best-practice curricula is essential to prepare professionals in effective suicide prevention. Knowledge saves lives.*

*“The greatest thing about the Maine Suicide Prevention Program is how they offer training at an affordable (or no cost) rate. It makes it that much more available for individuals and agencies to participate.”*

From stakeholder meeting

**Objective 1: Increase the number of professional organizations that develop, implement and promote effective clinical and professional practices for suicide prevention in Maine.**

**Activity 1:** Engage relevant stakeholders, in the development, review and adaptation of evidence-based or promising suicide prevention training materials for use with Maine clinicians and professionals working with at risk populations. (S & C)

**Activity 2:** Provide best practice suicide prevention, intervention and postvention training and education to Maine clinicians and professionals working with people at risk of suicide. (S)

**Activity 3:** Modify or create and disseminate suicide prevention training modules to address the needs of governmental, professional, educational and volunteer organizations statewide. (S)

**Activity 4:** Integrate effective professional/clinical suicide prevention practices and training for staff members in direct service roles with populations at risk for suicide. (C)

**Objective 2: Increase the proportion of clinicians and professionals in Maine who are knowledgeable about the increased risk of suicide associated with a traumatic history and who develop trauma informed practices.**

**Activity 1:** Promote the integration and use of assessments for adverse childhood events or another standardized trauma history assessment for clients seen by health, mental health and substance abuse providers. (S & C)

**Activity 2:** Provide education and support for professionals working with Maine trauma survivors to develop trauma-informed practices and procedures. (S & C)

**Activity 3:** Promote the use of suicide prevention awareness and education materials to staff and volunteers working with victims of domestic violence and sexual assault. (S & C)

**Objective 3: Increase the number of trained suicide prevention gatekeepers in multiple settings who maintain their skills.**

**Activity 1:** Develop and implement gatekeeper training for a variety of audiences serving people of all ages statewide. (S & C)

**Activity 2:** Provide follow-up, consultation, continuing education and practice updates to trained gatekeepers statewide. (S)

**Objective 4: Increase knowledge of the risk of suicide associated with access to lethal means and implement effective methods to reduce access to lethal means for people at increased risk for suicide.**

*NOTE: Lethal means include firearms, medications and drugs and other common means used for suicide.*

**Activity 1:** Educate Maine professionals working with people at-risk for suicide to routinely ask about the presence of all types of lethal means in the home and educate their clients and their families about actions to reduce associated risks. (S)

**Activity 2:** Provide training and information to law enforcement officials and other first responders about the importance of removing lethal means from the environment of suicidal individuals. Provide law enforcement and first-responders model protocols and tools to assess for the presence and guide the removal of lethal means from the environment of suicidal individuals. (S)

**Activity 3:** Widely disseminate data and research describing the benefits of strengthening lethal means access procedures regulations to prevent suicide. (S & C)

**Activity 4:** Promote public awareness about the importance of restricting access to all types of lethal means around vulnerable individuals as an important way to prevent suicide. (S & C)



**Objective 5: Increase the readiness of Maine professionals to address suicide risk through the provision of continuing education opportunities that provide advanced knowledge in suicide-related topics.**

**Activity 1:** Provide an annual conference that increases understanding and knowledge of recent advances in the field of suicide prevention (Beyond the Basics of Suicide Conference). (S)

**Activity 2:** Promote and support a broad range of educational presentations for professionals working with vulnerable populations across the lifespan that address suicide prevention, intervention and postvention topics. (S & C)

**Activity 3:** Create and/or modify education and training offerings on suicide prevention in various formats, including electronic, to meet the needs of a diverse professional audience. (S & C)

**Activity 4:** Provide research data, information and training on the association between self-injury and suicide to multiple audiences in Maine. (S & C)

***Because seeking help saves lives...***

**Goal 5: A culture of help-seeking for people in need exists in Maine**

*As long as suicide is seen as a private tragedy, associated with individual and familial shame and failure, it is difficult for suffering people and their families to seek help. Creating the opportunity for open discussion about the prevalence of suicide and its risk factors, including mental illness and depression, and changing the perception of seeking help, can begin to break down these barriers. To effectively address suicide, it must be safe to talk about suicide.*

*"My 18 year old son's death by suicide on July 14, 2007 forever changed the lives of our entire family and it is impossible to describe the pain that losing Ryan has brought into our lives. He was a talented athlete, a great friend, and he loved to laugh. We never thought we could lose him to suicide. Anything we can share about suicide and suicide prevention that means other families will not experience this loss is important to us."*  
Rachel Morales

**Objective 1: Increase public awareness that suicide is a preventable public health problem and help is available.**

**Activity 1:** Develop, disseminate and promote media messages to increase the number of adults who know how to get help when they or someone they know is contemplating or has attempted suicide. (S & C)

**Activity 2:** Develop and maintain the Maine Suicide Prevention Program website as a dynamic resource for suicide prevention information and data to professional, lay and youth audiences and as a resource for training opportunities related to suicide prevention. (S)

**Activity 3:** Promote awareness of Maine Suicide Prevention Program resources for suicide prevention among key state and local stakeholders and the general public. (S & C)

**Activity 4:** Promote the continued use of the Maine Substance Abuse and Mental Health Services Information Resource Center as a clearinghouse and access point for suicide prevention information and resources for all Maine people. (S & C)

**Objective 2: Increase the understanding of the general public in Maine that mental health problems are treatable, and that mental health and substance abuse prevention and treatment services are part of overall health care.**

**Activity 1:** Educate individuals on how to advocate for their own and their family's mental health care needs. (S & C)

**Activity 2:** Identify and promote ways to decrease stigma and misperceptions surrounding mental illness, suicidal behavior, and substance abuse issues/conditions. (S & C)

**Activity 3:** Provide information and resources to people, organizations, communities and others to underscore the importance of seeking help in moments of distress. (S & C)

**Objective 3: Improve media reporting practices about suicide to reduce stigma and increase public awareness that suicide is a preventable public health problem and help is available for those in need.**

**Activity 1:** Educate media representatives about safe reporting practices regarding suicide. (S)

**Activity 2:** Monitor print and electronic media sites and provide feedback encouraging accurate and responsible depictions about suicidal behavior, mental illness and related issues. (S & C)

**Activity 3:** Provide education and assistance to participants of MSPP training and education programs in order to increase understanding of the key issues surrounding media contagion. (S & C)

**Activity 4:** Promote the development and dissemination of media and social media messages that normalize help-seeking behavior. (S & C)

**Objective 4: Increase active outreach to identified populations at higher risk of suicide and attempts through traditional media, social media and other venues.**

**Activity 1:** Partner with visible community and statewide organizations to identify champions within at-risk groups to increase help-seeking messages. Promote the message that help-seeking behavior is a sign of strength. (S & C)

**Activity 2:** Partner with organizations and programs serving Maine's elders to increase effective outreach efforts targeting isolated, depressed and terminally ill elders lacking adequate supports. (S & C)

**Activity 3:** Partner with active military, veteran organizations and programs to ensure optimal suicide prevention outreach activity to Maine's military personnel and families and veterans. (S & C)

**Activity 4:** Explore and pursue effective ways to access and engage groups at higher risk for suicide such as non-college bound youth ages 19-25 and middle-age men to address their increased risk for suicidal behavior. (S & C)

**Activity 5:** Develop and disseminate educational material guiding the appropriate use of various forms of social media for suicide prevention for parents, educators and organizations, especially those working with youth and young adults. (S & C)

**Activity 6:** Provide outreach to and build working relationships with Maine's Tribal Communities to work collaboratively to support suicide prevention efforts. (S & C)

**Activity 7:** Partner with organizations, groups and families to ensure effective outreach and proactive suicide prevention efforts among Maine's LGBTQ youth and adults. (S & C)